

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

A WORD FROM MADISON, WIS.

DEAR EDITOR: Like the Quakers in the early days of our country, I am "moved to speak."

Nursing is a profession in which those who enter it must, to a very large degree, give up their own personal desires outside of their work. It is, however, a profession in which those who are interested find great delight. The tendency of it leads to a life of unselfishness, but not a loss to one's dignity or individuality of thought. Rather every year adds to the dignity of our profession, and new lines of work are continually opening to us.

Whatever we can do to broaden and improve our lives we should do along the line of general culture, as well as increasing our knowledge in the line of our work.

Let us not emphasize, then, too greatly the unpleasant things, which are only incidents in our work. We are women of mature years and should grasp conditions so as to know what is just and proper under existing circumstances,—then do in a womanly way what we know to be right.

We have risen above the point of discussing whether or not we, as nurses, should wash the daily soiled clothing of a young babe. If there is some one else to do it, well and good; if not, twenty minutes will solve the problem and we be none the worse for wear. Rest from our work is very important, and outdoor exercise is, too; but I am always suspicious of the nurse who harps on her "two hours." Let us take our rest and exercise, but obliterate that term, so that the people will not have reason to believe that we think more about ourselves than we do of our patient. I do not wish to minimize the importance of rest and exercise. They are of vital importance to a nurse. She must have them. There are times, however, with a very critical case, when these cannot be according to any set rule, or plan, for even two consecutive days; that is, if the nurse is just to herself and the physician, saying nothing of the patient. At such a time a brisk walk for fifteen or twenty minutes, two or three

times during the day, will not worry the family because of our long absence, and we will have the exercise and feel as much rested as though absent longer. Such a walk is specially good to take in the evening when we know a long night is ahead of us. It is not long enough to tire, but refreshes.

When watching is constant in a critical case, I have found that some twenty minutes spent in a vigorous gymnastic exercise in a room with windows open will often rest me more than anything else I can do. And again, we all know that a hot bath takes away "that tired feeling."

Often on entering a home we find those in it weary with watching—perhaps too nervous and tired to sleep. On the morrow, then, though we forget not our own need, we must also remember theirs. A word in regard to relief. Sometimes we must have it, and when we do, the wishes of the physician and patient should be considered as far as possible. But it is not desirable unless we do have to. No two nurses do things just alike, and the patient is obliged to become accustomed to the manner and methods of each, and though the nursing may be equally good, it is usually more or less exciting to the patient to make a change even for relief.

I have in mind an instance of a very sick woman. Two nurses at first were imperative. In four or five days the patient, though still very sick, was better. The husband was very solicitous and wished every attention given. However, the patient was very sure she would sleep better if Miss J., the regular nurse, would lie on a cot near her and go to sleep, rather than have Miss S. come, who when not attending to orders sat in a chair to watch her. Miss J. was of the same opinion, and the husband was persuaded. The result was by far the best night the patient had had. The husband, however, at 1 A.M. called by telephone (the patient was in a hospital), to know conditions. The floor night nurse awakened Miss J., thereby wakening the patient, to answer the message. The following night there was no midnight message and both patient and nurse slept well. There was nothing further said about a nurse to relieve.

Patients often take one or two naps during the day, and there is no way so sure of being quiet as to drop down on one's cot and go to sleep, too. Seizing such opportunities for rest has tided us over many a weary siege, and in over six years' practice we have been relieved with only five patients, and have never left a case or had one day of sickness. We are beginning to wonder if our three years' hospital work should be counted in the oft-referred-to "ten years," for if so, our limit is nearly reached, yet physically feeling better ready for the coming ten years than we were ten years ago for the work then before us.

One thing more we would like to say, and it is that when we believe it is our duty to make some reduction in prices from what we consider our regular charges, there is no rule we could follow equal to the Golden Rule, or in other words, put ourselves in the place of those in whose home we are. I believe a nurse as thoroughly as a physician is in duty bound, at times, to make some reduction. It is also reasonable and just at times to add to the usual charges.

But when we make a reduction let us do it in such a manner as to cause not humiliation but gratitude.

A wonderful future lies before the women in the nursing profession. Let us be alive to our highest opportunities in the greatest needs of humanity, and study to show ourselves approved before God and men.

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THE EDUCATION OF THE MIDDLE CLASSES AS A FACTOR IN PROVIDING THEM WITH SKILLED NURSING

DEAR EDITOR: Many papers on the subject of providing families of moderate means with skilled nurses at a reduced price have appeared lately in our nursing journals.

The cry has gone out from the community, that people drawing modest salaries are unable to procure the services of a nurse who has graduated from one of the best training-schools, for less than the exorbitant price of \$25.00 a week! Has this same community, we would beg to ask, fully considered the possibilities that are at their command, or are they simply consulting their own convenience or preference when they refuse to enter a hospital, where they can honorably pay their way with what they can afford to advance? In a combination of effort lies a possibility of doing, at a reasonable cost, what a private individual would find quite beyond his reach. Our country is plentifully supplied with hospitals, and through the philanthropic efforts of many of our generous citizens, there is, in almost all places, a small staff of skilled nurses available, who carry on their work among people who are unable to pay them. The work along this line is still in its infancy, but that it will grow and win for itself the support of our government and influential individuals, no one can doubt. Nurses are working women, many of them springing themselves from the middle classes, and very many of them having heavy demands, made by members of their own families, upon their financial resources.